# **Application Data Sheet**

**Application Information** 

Application Type::

Regular

Subject Matter::

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Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD\_R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

No

Computer Readable Form (CRF)?::

No

Title::

MICROCAPSULES FOR THE ADMINISTRATION OF

**ACTIVE INGREDIENTS** 

Attorney Docket Number::

15053.0023USWO

Request For Early Publication::

No

Request For Non-Publication::

No

Suggested Drawing Figure::

**Total Drawing Sheets::** 

0

Small Entity::

Yes

Latin Name::

**Variety Denomination Name::** 

Petition Included::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

#### **Applicant Information**

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

Spain

Status::

**Full Capacity** 

Given Name::

Miriam

Middle Name::

Family Name::

MORATÓ RIERA

Name Suffix::

City of Residence::

Barcelona

State or Province of Residence::

Country of Residence::

Spain

Street of mailing address::

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City of mailing address::

Barcelona

State or Province of mailing address::

Country of mailing address::

Spain

Postal or Zip Code of mailing address:: E-08031

## **Applicant Information**

Applicant Authority Type::

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**Primary Citizenship Country::** 

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Status::

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PARENTE DUEÑA

Name Suffix::

City of Residence::

Sant Just Desvern

State or Province of Residence::

Country of Residence::

**Spain** 

Street of mailing address::

Passeig Can Sagrera, Nº 17-21

Initial

12/14/05

City of mailing address::

Sant Just Desvern

State or Province of mailing address::

Country of mailing address::

Spain

Postal or Zip Code of mailing address:: E-08960

**Applicant Information** 

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

Spain

Status::

مشرر والإسادة

**Full Capacity** 

Given Name::

Josep

Middle Name::

Family Name::

GARCÉS GARCÉS

Name Suffix::

City of Residence::

Martorell

State or Province of Residence::

Country of Residence::

Spain

Street of mailing address::

Francesc Macià, 19, 3º 1ª

City of mailing address::

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State or Province of mailing address::

Country of mailing address::

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Postal or Zip Code of mailing address:: E-08760

**Correspondence Information** 

Correspondence Customer Number::

23552

Representative Information

Representative Customer Number::

23552

# **Domestic Priority Information**

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This is a	National Stage of	PCT/ES2004/000277	06/16/04

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Spain	P200301424	06/18/03	Yes

### **Assignee Information**

Assignee Name::

LIPOFOODS, S.L.

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State or Province of mailing address::

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Postal or Zip Code of mailing address:: E-08850